REPORT TO CITY CLERK SPECIAL DESIGNATED LICENSE APPLICATION

Police	
City Attorney	DATE: 9/01/04
Bureau of Fire Prevention	Return by: 9/16/04
Health Department	
CATERER: X	NON-CATERER:
APPLICANT: BARRYMORE'S	
APPLICANT'S ADDRESS: 124 NORTH 13 ^{τH} STREET	
ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENSE DATE(S) OF EVENT: OCTOBER 2, 16, 30, NOVEMBER 26, 2004	: 124 NORTH 13 TH STREET
TIME(S) OF EVENT : 8 AM TO 8 PM	
DETAILS ON ATTACHED APPLICATION.	
RECOMMENDATION OF APPROVAL OR DEN	NIAL
APPROVED	
CONDITIONS	
DENIED	
REASON(S) FOR	
Luty Hoy3	9-2-01
Signature	Date
(If needed, use back for additional space)	

PUBLIC HEARING BEFORE COUNCIL: 9/13/04

(SDLRPT.JER)

MUST COMPLETE FOR ALL OUTDOOR EVENTS

SPECIAL DESIGNATED LICENSE APPLICATION SUPPLEMENTAL FORM FILED CITY CLERK'S OFFICE

The Special Designated License process is not intended to be used as a	means to expand the existing
licensed premise.	[P 3: 07:
Name of Event: Savry marks City	= -
Applicant and Sponsoring Organization or Person (if applicable):	EHRASKA CI. V.
Date of Event: 10-2, 10-16, 10-30, 11-26 Time of Event:	2 hirs, prior to event
Has the applicant applied for and received liquor liability insurance?	Yes No
Number of persons expected to attend: 100 Num Number of persons expected to attend: 100 Yes	ber of persons under 21 expected No
How will you ensure that minors will not be served or consume beverage Check I.D's before they enter	ges containing alcohol:
Will food be served? Yes No If yes, please list for Hamburgers, Bratwasts	ood to be served: Lat day,
Will non-alcoholic beverages be served: Yes No alcoholic beverages to be served: Soft Junks, Tuice In	If yes, please list non-
Please identify the beverages containing alcohol that will be served: Distilled Spirits	Wine Beer
Will this be a cash or complimentary bar?	plimentary
Who will serve the beverages containing alcohol? Duview of every Have the designated servers received responsible beverage service training	ing? Yes' No
Will there be a charge for admission?YesNo	
n the last 12 months, have you received notice of a liquor law violation which you were the special designated licensee?Yes	that-occurred during an event at No If so, explain:
PLEASE USE REVERSE TO PROVIDE A SIX (This is mandatory)	TE PLAN
0002	9-1-04
Applicant's Signature	Date

SITE PLAN INFORMATION

Please provide a drawing showing the following. Provide as much detail as possible to ensure your application is not returned to you for more information. Attach additional drawings, dimensions if necessary.

1. Number of Entry & Exit Points & Dimensions: (20 x 40) 20x to 10x to 1

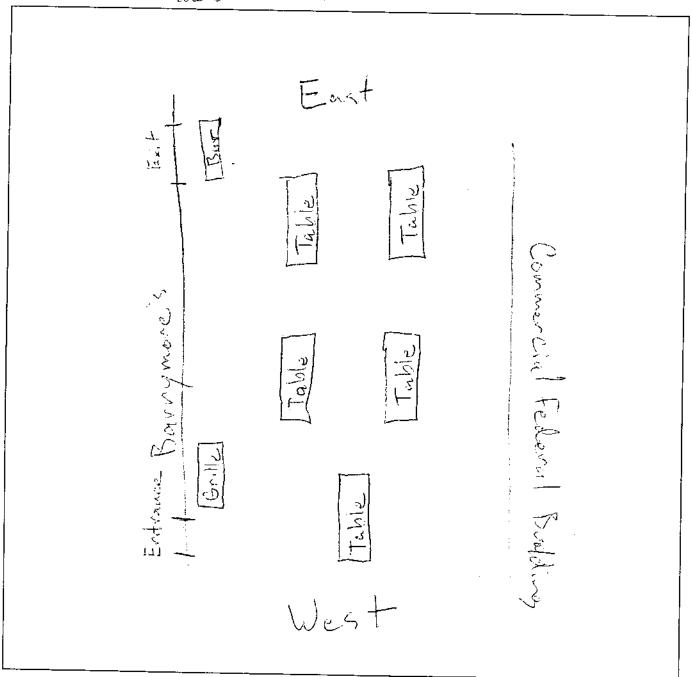
2. Size & location of tent(s) (heights, width, depth)

3. Size of area being used (20 x 40)

5. Location of tables & chairs; If stage for band provided & dance area, show dimensions & site on drawing.

6. Height & type of Fencing to be used.

Enou fence HET.



LL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD

All Applications must be received in the Commission Office 10 working days (excluding holidays) prior to the date of the event
Dompted and return THE ORIGINAL WITH A DUPLICATE to the Nebraska Liquor Control Commission
A license fee of S40 (payable to Nebraska Liquor Control Commission) for each day
LOCAL APPROVAL must be included with this application
A Signed Statement from Local Police Chief or County Sheriff (question #12)
ON PROFIT CORPORATION MUST include a letter from the IRS declaring that the corporation is exempt from payment of federal
scome taxes, or a copy of the corporation's federal income tax return, as filed with the IRS, or a statement (Page 3) signed by an officer fithe corporation declaring that the copy of the tax return is a true and correct copy as filed with the IRS
Type of Severage(s) to be served: Beer
Status of the Applicant (check one)
Municipal
Corporation Corporation Museum Corporation Corporation Corporation Licensee Corporation
Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number
(City, State, County Number, Zip Code) And Class (Example C/K)
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sarrymore's 124 N. 13th St. Lincoln, NF 68508
Address or location of premises to be covered by license. (City, County Number, Zip Code)
Barymore's Alley 124 N. 25th St. Lincoln NE 68508
this PREMISE currently licensed under the Nebraska Liquor Control Act? YES NO
same and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.
Track Clark 1121 N. 28th St. Lincoln NE 68513
lease list the name and telephone number of the primary event supervisor, who will actually be present at the location of the event when
ours, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable laws, lances, rules and regulations are adhered to Supportions are adhered to Supportions.
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ne(s) of event (example 8am to 1am, this is considered one day)
FROM: TO: 1917
Describe the Type of Activity to be carried on during the time period for which the license is requested.
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rovide arr estimated fumber of attentiees at this event 30-60. If the number of attentiees is over 250 attach a separate page
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LEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVER
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AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR.
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Web address: http://www.nol.org/home/NLCC/ PAGE I
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rayable to The City of Lincoln.

Web address: http://www.nol.org/home/NLCC/

(A) present on recycled person

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Status of the Applicant (check one)
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